

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: July 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1 x 4 weeks.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

PsyD., Board Certified Psychologist.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

I have determined that the requested individual psychotherapy 1 x 4 weeks is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained injuries to his lower back in xxxx. The patient is status post multiple evaluations and treatments to include x-rays, magnetic resonance imaging, surgery, counseling, physical rehabilitation and spinal cord stimulator. On 4/30/15, the patient rated his current level of functioning at 30%. The patient described more conflict with his family, less participation in social outings and family activities, isolation from others, feeling lonely, feeling ignored and feeling misunderstood. The patient also described unwanted changes in his self-perception, including his feelings easily hurt, feeling useless or like a burden, feeling a lack of

control in his life, feeling disappointed and angry with himself, and feeling more sensitive to criticism. The patient's results of the Beck Depression Inventory II (BDI-II) and the Beck Anxiety Inventory (BAI) indicated the patient scored a 15 on the BDI-II indicating mild depression and a 25 on the BAI reflecting moderate anxiety. The patient's response on the Fear Avoidance Belief Questionnaire revealed significant fear avoidance of work, as well as significant fear avoidance of physical activity in general. A request has been submitted for individual psychotherapy 1 x 4 weeks.

The URA indicated that the requested services are not medically necessary per Official Disability Guidelines (ODG). Specifically, the initial denial noted that the patient has previously completed a work hardening program and chronic pain management program. ODG notes that after chronic pain management program completion, repetition of similar or less intensive programs is not supported. The URA noted that the patient has previously completed 320 hours of two tertiary rehabilitation programs that have not been successful. The URA indicated that it is unclear that an additional four sessions of individual psychotherapy will cover anything that has not been adequately covered in the past. On appeal, the URA noted the lack of objective evidence for true depression or anxiety disorder in this patient.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The requested individual psychotherapy 1 x 4 weeks is not medically necessary for the treatment of this patient. The Official Disability Guidelines recommend up to 20 visits over 7 to 20 weeks if progress is being made. For complicated depression or posttraumatic stress disorder, up to 50 sessions may be necessary. In this patient's case, the requesting provider did not include an adequate psychological assessment including quantifiable data in order to demonstrate improvement in treatment thus far. The number of completed psychotherapy sessions was not provided making it difficult to determine if the request exceeds the guideline recommendations. All told, the requested individual psychotherapy 1 x 4 weeks is not medically indicated for the treatment of this patient.

Therefore, I have determined the requested individual psychotherapy 1 x 4 weeks is not medically necessary for treatment of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
 1. Hofmann, S., et al. The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognit Ther Res*, 2012 Oct 1;36(5):427-440.
 2. Sudak, D. Cognitive behavioral therapy for depression. *Psychiatr Clin North Am*, 2012 Mar;35(1):99-110.
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**